



## City of Central Point

140 S Third Street  
Central Point, OR 97502  
541-664-3321 x 204

## Application for Extreme Hardship Discount

**50% OFF YOUR UTILITY BILL**

Utility Account Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant (Must be same as utility account holder)

\_\_\_\_\_  
Service Address (Applicant must reside at service address)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Mailing Address (If different from Service Address)

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Do you own or rent? ☐ Own ☐ Rent

If you rent, please complete the following:

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Total monthly expenses \$ \_\_\_\_\_

Landlord Phone #: \_\_\_\_\_

Please answer the following:

1. Are you currently participating in the low income utility program:
2. Are all adult household members retired and 65+ years of age?
3. Is this your primary residence?
4. If renting, do you pay your water bill to the city?
5. Do you owe the City any of the following:
  - Traffic fines or charges?
  - Parking tickets?
  - Local improvement district assessments?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Number of persons living in your residence under 18 years of age: \_\_\_\_\_

Adults: \_\_\_\_\_

**Please check only one box**

Maximum Annual			Maximum Annual		
Size of Family Unit		Income - all Sources	Size of Family Unit		Income - all Sources
<input type="checkbox"/>	1	\$ 17,655.00	<input type="checkbox"/>	5	\$ 42,615.00
<input type="checkbox"/>	2	\$ 23,895.00	<input type="checkbox"/>	6	\$ 48,855.00
<input type="checkbox"/>	3	\$ 30,135.00	<input type="checkbox"/>	7	\$ 55,095.00
<input type="checkbox"/>	4	\$ 36,375.00	<input type="checkbox"/>	8	\$ 61,335.00

**Verification of ALL household income must be presented with completed application. If household member is not listed on tax return please list on back of form.**

☐ Income Tax Return for year \_\_\_\_\_ (No more than 12 months prior)

☐ Soc Sec Admin Statement of Benefits

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
**I understand that in order to continue receiving this discount I must keep my account current at all times.**  
(Initial)

By signing below Applicant is certifying that the information submitted to the City of Central Point is accurate to the best of his/her knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Submitted

### City of Central Point Certification

The above named applicant has met the income eligibility requirements of the City of Central Point and has satisfactorily submitted verification of same

☐ Approved ☐ Denied

\_\_\_\_\_  
Authorized Finance Department Signature

Date Entered into System: \_\_\_\_\_ By: \_\_\_\_\_